

**CITY OF HIALEAH
EMPLOYEES' RETIREMENT SYSTEM**

Board Chairman

Robert W. Williams III

Board Vice Chairman

Jonathan A. Martinez

Board Secretary

Minying Ho

Board Attorney

Stuart Kaufman



Board Members

Osvaldo Estrada

Manuel Ferrera

Robert W. Williams

Gelien Perez

AFFIDAVIT

The undersigned affiant does hereby depose and say that he/she is the retired member of the City of Hialeah Retirement System, named on the pension benefits issued and is duly authorized to receive said benefits.

Print Name of Retiree

Signature of Retiree

()

Telephone

E-mail Address

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____

(Signature of Notary Public)

Notary may not be related to
affiant by blood or marriage.

Print, Type or Stamp Commissioned Name
of Notary Public

Affix Notary Seal and/or Notary
Stamp with Commission Number
Expiration Date

(Seal/Stamp)

- ☐ Personally known
☐ Produced identification

(Type of identification produced and ID# if applicable)